



City of Statesboro *Human Resources Office*

*P.O. Box 348
Statesboro, Georgia 30459*

*912.764.0683
912.489.6140(Fax)*

Thank you for your interest in employment with the City of Statesboro, Georgia. The City is an equal opportunity employer and a drug free workplace.

It is the policy of the City to employ the best-qualified work force available. All applicants are considered for employment on an individual basis without regard to race, national origin, color, sex, age, religion, creed, political affiliation, or physical handicap.

Please complete the employment application providing all the requested information and a resume. Attach additional sheets as necessary. Submit the application to the Office of Human Resources, 2nd floor, City Hall, Monday through Friday from 8:30 a.m. to 5:00 p.m. or mail completed application to City of Statesboro, Human Resources, P. O. Box 348, Statesboro, GA 30459.

For additional information concerning employment opportunities with the City of Statesboro, please contact the Director of Human Resources, at 912.764.5468.



APPLICATION FOR EMPLOYMENT
CITY OF STATESBORO
P.O. Box 348
Statesboro, GA 30459
(912) 764-5468



The City of Statesboro is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

Instructions: Complete a separate application form for each position you are applying for, unless otherwise specified. An employment application, unless otherwise specified, will be accepted only when a specific position opportunity notice is posted on the job vacancy board or City of Statesboro website, or advertised in various publications. **Complete the application in its entirety.** Print clearly or type your responses using black or blue ink. **Resumes will not be accepted in lieu of completion of this application for employment. Incomplete applications will not be processed.**

Position applied for: _____ Social Security Number: _____

Please write your name as it appears on your social security card:

Name: _____
Last First Middle

Address: _____ Home Phone #: _____
Number Street Apt. #
City State Zip Code Business Phone #: _____

Email Address: _____ Cell Phone #: _____

Please list any other name(s) you have used for school or employment: _____

Have you ever worked for the City of Statesboro?

Yes___ No___ If yes, indicate when and in which department(s) below:

Are you related to any person currently employed by the City of Statesboro? Yes___ No___

If yes, indicate name, relationship, and department

Ever applied with the City of Statesboro? Yes___ No___

If so, When? _____ Which Dept? _____

Have you ever served on active duty with U.S. Armed Forces? Yes___ No___

Dates of Duty: From _____ To _____

Type of Discharge: _____

Final rank: _____

Employment desired:

- ☐ Full-Time ☐ Part-Time
☐ Temporary ☐ Seasonal

Are you at least 18 years of age? Yes___ No___

Do you have a valid driver's license? Yes___ No___

State of Issuance: _____

Driver's License Number: _____

Date of Expiration: _____ Class: _____

Please indicate any professional/occupational license(s) you currently hold. If this doesn't apply to you check here _____

License: _____

State of Issuance: _____

License Number: _____

Date of Issuance: _____

Date of Expiration: _____

Please list your desired salary: _____

Have you ever been fired, or resigned in lieu of termination? Yes___ No___

If yes please explain:

Can you provide the documents required to prove that you are authorized to work in the United States? Yes___ No___

EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes___No___ GED? Yes___No___ Date Obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____
Name City State**List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) below:**

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities attended below:

Name and Location	Credit Hours Received		Did you Graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

Language Skills: In what languages, other than English, are you proficient? Please list language(s) and check areas that are applicable.

Language	Read	Speak	Write	Understand

Computer Skills and Abilities: List computer software with which you have knowledge and experience:

EMPLOYMENT HISTORY:List all of your employment experience within the past ten years, beginning with your current or most recent employer. Include military experience. You may include experience beyond ten years minimum if the previous experience is applicable to the job for which you are applying. Please make copies of the next page if additional space is needed. **Resumes will not be accepted in lieu of completion of this section of the Application for Employment form.** However, resumes maybe attached to this application as supplemental material.

Current or Most Recent Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____	
						Your Job Title: _____	
Hours per Week _____ Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____						Supervisor's Name and Title: _____	
						Reason For Leaving Position: _____	
Specific Duties: _____ _____ _____ _____							
Number of Employees supervised (if applicable): _____ May we contact this employer regarding your work record? Yes___ No___							

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____ _____ _____							
Number of Employees supervised (if applicable): _____ May we contact this employer regarding your work record? Yes___ No___							

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____ _____ _____							
Number of Employees supervised (if applicable): _____ May we contact this employer regarding your work record? Yes___ No___							

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____ _____ _____							
Number of Employees supervised (if applicable): _____ May we contact this employer regarding your work record? Yes___ No___							

Have you ever been convicted of or plead guilty to a felony or other crime? Yes___ No___ If yes, explain fully. Have you been convicted of or plead guilty to any traffic-related offense within the past five years? Yes___ No___ (A conviction will not necessarily disqualify an applicant from employment.) If yes, explain fully. _____ _____ _____ _____	
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State any additional information you feel may be helpful to us in considering your application.

How did you learn about this opening? _____

If you require special accommodations for testing, interviewing, or any portion of the application or employment process, please contact the City of Statesboro Human Resources Department. Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a criminal history check and/or a driver's record check. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.

I hereby release all parties, including but not limited to the City of Statesboro personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Statesboro takes on the basis of such information.

This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from the City, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, a pre-employment medical examination and a pre-employment psychological examination (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment medical examination and psychological examination (if applicable) upon receipt of a verbal offer of employment. I understand that failure to pass any of these examinations will result in the withdrawal of the employment offer.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Statesboro is of an "at will" nature, which means that I may resign at any time and the City of Statesboro may discharge me at any time with or without cause or notice.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Applicant's Signature

Date

FOR OFFICE USE ONLY

LA _____ ICA _____ DMMQ _____ LRED _____ LREX _____ LRS _____ Other _____